

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	76597	7/11
O.I.P.E. CLASSIFIER		15	7/8/98
FORMALITY REVIEW	<i>[Signature]</i>	69916	7-20-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	Original
1	1/1/90
2	2/1/90
3	3/1/90
4	4/1/90
5	5/1/90
6	6/1/90
7	7/1/90
8	8/1/90
9	9/1/90
10	10/1/90
11	11/1/90
12	12/1/90
13	1/1/91
14	2/1/91
15	3/1/91
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23	11/1/91
24	12/1/91
25	1/1/92
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27	3/1/92
28	4/1/92
29	5/1/92
30	6/1/92
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32	8/1/92
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34	10/1/92
35	11/1/92
36	12/1/92
37	1/1/93
38	2/1/93
39	3/1/93
40	4/1/93
41	5/1/93
42	6/1/93
43	7/1/93
44	8/1/93
45	9/1/93
46	10/1/93
47	11/1/93
48	12/1/93
49	1/1/94
50	2/1/94

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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